



Aotearoa New Zealand Committee in
General Surgery

General Surgery Education and Training (GSET) Programme – Aotearoa New Zealand

Training Regulations

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1. Introduction

1.1 Definitions and Terminology

The terms, acronyms and abbreviations used throughout these Regulations are defined as below:

Term/Acronym/Abbreviation	Expansion/Definition
Accelerated Learning	An opportunity for Trainees to shorten their training time upon completion of specified minimum requirements during GSET Training
Accredited Hospital/Unit	A Hospital or Unit which currently meets the criteria set by RACS and AoNZCIGS as suitable for training General Surgery Trainees
AoNZCIGS	Aotearoa New Zealand Committee in General Surgery
AoNZTSC	Aotearoa New Zealand Training Sub-Committee. The Aotearoa New Zealand Training Sub-Committee is a subcommittee of AoNZCIGS responsible for the management of Trainees in Aotearoa New Zealand
ASSET	Australian and New Zealand Surgical Skills Education and Training
BACC	Bi-National Curriculum Committee
BSET	Board of Surgical Education and Training
Censor in Chief	Office bearer is an employee of RACS and is responsible for the education portfolio of RACS
CCrISP [®]	Care of the Critically Ill Surgical Patient
CCRTGE	Australia and New Zealand Conjoint Committees for the Recognition of Training in Gastrointestinal Endoscopy
CLEAR	Critical Literature Evaluation and Research
Colonoscopy	A lower gastrointestinal tract procedure defined as such in the SOLA logbook
Competency Not Achieved	This rating at the end of the Trainee's completed GSET5 year indicates that they have not met all the requirements needed to progress to FRACS
Core (Training)	Defined as training in GSET years 1-3 inclusive
Deferral	A delay in the commencement of a Trainee on the GSET Programme
DHB	District Health Board
DOPS	Direct Observation of Procedural Skills
DSTC	Definitive Surgical Trauma Care
EMST	Early Management of Severe Trauma
Endoscopy	An upper gastrointestinal tract procedure as defined as such in the SOLA logbook
EPA	Entrustable Professional Activity
Exam Pending	A Trainee who has completed the required clinical rotations and required competency

	assessments but has yet to complete the Fellowship Exam
Exceptional circumstances	Abnormal or rare events that are beyond the Trainee's control, have a prolonged impact and which would not normally be expected or planned for
Extended Learning	Additional training time required of Trainees who are not progressing
Fellowship Examination	The RACS Fellowship Examination
Flexible training	Training in an accredited Training Post with a time commitment of less than 100% fulltime equivalent
FRACS	Fellowship of the Royal Australasian College of Surgeons
GSET (Programme)	General Surgery Education and Training
Hospital Supervisor	The Hospital Supervisor is a consultant surgeon in a hospital with accredited Trainees. The Hospital Supervisor is approved by the AoNZCIGS and BSET, and is a member of the New Zealand Training Committee. The Hospital Supervisor coordinates the management, education and training of Trainees
Interruption	A period of leave from the training programme. This may also involve leave from the clinical rotation arranged with the employer
In-Training Assessments	Assessments completed at Mid Term and End of Term that summarise a Trainee's performance during each clinical rotation and may include assessments as listed in Section 17
Major	Denotes an operative procedure as requiring a certain level of skill and time to complete. All logbook procedures are denoted as either 'Major' or 'Minor' in the SOLA logbook
Maximum time period	The maximum time period is set at the length of the training programme plus three years, i.e. 8 years for the GSET programme. The Maximum time period is extended by medical, parental, carer's and some research leave. All other extensions to this date can only be considered and approved by the RACs Censor in Chief.
MCNZ	Medical Council New Zealand
Mini-CEX	Mini Clinical Evaluation Exercise
MECA	Multi Employment Collective Agreement contracts negotiated between the Junior Doctors Unions and the DHBs
NZAGS	New Zealand Association of General Surgeons

AoNZCIGS	Aotearoa New Zealand Committee in General Surgery
AoNZTSC	The New Zealand Training Committee (AoNZTSC) is a subcommittee of AoNZCIGS responsible for the management of Trainees in New Zealand
Not Progressing	This rating at the end of the Trainee's completed GSET3 year indicates that they have not met all the requirements needed to progress to GSET4
PBA	Performance Based Assessment
PDLP	Personal Development and Learning Plan
Principal (Training)	Defined as training in GSET years 4 and 5
Probationary Training	Probationary Training requires Trainees experiencing difficulty to comply with a structured Support Plan in the term following the term assessed as Below Performance Expectation
Original decision maker	For the purposes of Reconsideration, Review and Appeal in these Regulations, this is the Aotearoa New Zealand Committee in General Surgery
RACS	Royal Australasian College of Surgeons
Regulations	Reference to Regulations throughout this document are referring to these General Surgery Education and Training (GSET) Programme Training Regulations, except where otherwise specified
Research	The pursuit of new and original knowledge in surgery
Research Progress Report	Documentation provided by Trainees on Research Interruption confirming progress with approved research
Rotation	Six (6) month Trainee placement in Training Post
RPL	Recognition of Prior Learning
SEAM	Surgical Education and Assessment Modules
Selection	Selection is the process of assessing the suitability of candidates for training
SOLA	Surgeons Online Logbook and Assessments. This is the Trainee Management system with integrated logbook used to administer the General Surgery training programme
SME	Subject Matter Expert
Support Plan	A Support Plan documents areas where trainees are experiencing difficulty and the remedial actions required to enable the Trainee to perform at the expected level of competency for their stage of training
Suspension	A temporary prohibition or exclusion from participation in the GSET programme

Term	A training term is six months duration. There are two Terms per Training year denoted as Term 1 and Term 2
Trainee	A doctor who has been accepted onto the GSET programme
Trainee Representative	A Trainee who is independently nominated by Trainees to represent them on the AoNZTSC and AoNZCIGS
Trainer	The Trainer is a consultant surgeon on an accredited unit and is a delegate of the Hospital Supervisor in delivering education and training to Trainees
Training Manager	Employee of NZAGS who provides administrative support to the Aotearoa New Zealand General Surgery Training Programme
Training Post	A Training Post is an accredited training hospital/unit position deemed suitable for the delivery of training to Trainees
Training year	A Training year consists of two (2) six-month Terms
Working day	Monday to Friday not including public holidays

1.2 Overview of Regulations

- 1.2.1 These Regulations govern the Royal Australasian College of Surgeons (RACS) GSET Programme in Aotearoa New Zealand. These Regulations are in accordance with the RACS principle-based regulations and policies. At times these Regulations may refer to the RACS regulations and policies which are available on the [RACS](#) website.
- 1.2.2 All Trainees, Supervisors, Trainers, Accredited Training Units, AoNZTSC and the AoNZCIGS members should be familiar with, and comply with these Regulations and any associated [RACS](#) regulations and policies.
- 1.2.3 The information in these Regulations is accurate at the time of publishing (see date on first page). AoNZCIGS reserves the right to amend the Regulations at any time. The most recent version of these Regulations is available on the [NZAGS](#) website. All users of these Regulations should ensure they are consulting the current version.
- 1.2.4 In the event of any discrepancy or inconsistency between these Regulations and other information from any other source, written, verbal or otherwise, with the exception of RACS regulations and policies, these Regulations shall prevail.
- 1.2.5 Regulations for the Selection process are covered by Selection Regulations which can be found on the [NZAGS](#) website.
- 1.2.6 Regulations for Hospital Accreditation Process and the Management of Trainee Feedback are covered by Hospital Accreditation and Feedback Regulations available on the [NZAGS](#) website.

1.3 Administration Responsibilities

- 1.3.1 The RACS is the body accredited to conduct surgical education and training in Aotearoa New Zealand.

1.3.2 The GSET Programme in General Surgery is the accredited programme to obtain Fellowship of the RACS in General Surgery in Aotearoa New Zealand. AoNZCIGS is responsible for the delivery of the GSET Programme in Aotearoa New Zealand. The GSET Programme is administered by NZAGS in accordance with the Partnership Agreement signed with the RACS.

1.3.3 The full responsibilities of AoNZCIGS can be found in the [Aotearoa New Zealand Committee in General Surgery Terms of Reference](#).

1.4 Governance of the GSET Programme in General Surgery in Aotearoa New Zealand

1.4.1 The AONZCIGS is responsible for the delivery of the GSET Programme and associated activities as delegated in [Aotearoa New Zealand Committee in General Surgery Terms of Reference](#). AoNZCIGS is responsible for advising the RACS Council on training and accreditation via the RACS Board of Surgical Education and Training (BSET) and the RACS Education Board.

2. Trainee Administration

2.1 Registration and Trainee Fees

2.1.1 Trainees selected to the GSET Programme will be registered with the RACS in accordance with the RACS regulation: *Trainee Registration and Variation*.

2.1.2 There are two components to the training fee – RACS and Specialty. RACS is responsible for determining the RACS component. NZAGS is responsible for determining the specialty component for Aotearoa New Zealand General Surgery Trainees. The approved training fees are published on the [RACS](#) website.

2.1.3 The RACS is responsible for invoicing and collection of fees. All enquiries regarding fees should be submitted to RACS via email to SETenquiries@surgeons.org.

2.1.4 Training fees are approved by the RACS Council in October each year and published on the [RACS](#) website. Invoices are issued prior to the commencement of the training year.

2.1.5 Trainees who fail to pay outstanding monies to the RACS may be dismissed in accordance with RACS regulations: *Dismissal from Surgical Training, RACS Surgical Education and Training Fee* and *RACS Specialty Surgical Education and Training Fee*.

2.2 Medical Registration

2.2.1 Trainees are required to hold general registration with the Medical Council of New Zealand.

2.2.2 Trainees are required to hold a current Annual Practising Certificate.

2.2.3 Trainees are required to notify AoNZCIGS within two (2) business days in the event of any change to their medical registration status whilst on the GSET Programme, including any changes whilst on Interruption, or if they are either Exam or Fellowship pending. This includes, but is not limited to:

- a. Recording of any undertakings, conditions or cautions
- b. Expiry, suspension or cancellation of medical registration
- c. Suspension or termination of employment

2.2.4 Failure to comply with either [Sections 2.2.1](#) or [2.2.2](#) may result in disciplinary action which may include dismissal from the GSET Programme.

2.3 Employment

- 2.3.1 Trainees are employed by the relevant DHB relating to the allocated Training Post.
- 2.3.2 Trainees are required to notify AoNZCIGS within two (2) business days of any change of their employment status whilst allocated to an accredited Training Post. This includes, but is not limited to:
 - a. Commencement or outcome of any disciplinary action
 - b. Restrictions, conditions, cautions or reprimands
 - c. Suspension or termination of employment
- 2.3.3 Failure by the Trainee to notify AoNZCIGS of changes in employment status such as those covered in [Section 2.3.2](#) may result in dismissal from the GSET Programme.
- 2.3.4 Trainees refused employment by the DHB of their allocated Training Post may be placed on Interruption for one or more terms if no other accredited Training Post is available.
- 2.3.5 If [Section 2.3.4](#) applies, the interrupted term(s) will count towards the maximum time period.
- 2.3.6 If a Trainee is refused employment for any subsequent term, the Trainee may be considered for dismissal.

3. Leave

3.1 Maximum Entitlement

- 3.1.1 Trainees undertaking full-time training are permitted a maximum of six (6) weeks of leave per six-month term, subject to approval by the employer.
- 3.1.2 The maximum leave entitlement is inclusive of, but not limited to, combined annual, personal, compassionate, medical, parental, study, exam, conference, domestic violence leave, and carer's leave. Rostered days off (MECA stand down days) are not included in leave.
- 3.1.3 Leave in excess of six (6) weeks may result in the term being deemed Not Accredited and will not count towards the required number of rotations as outlined in [Section 20](#). The Trainee's period of clinical training will be extended by a minimum of six months.
- 3.1.4 Where a Trainee takes more than six (6) weeks leave during a six-month term, the term may be deemed assessable if the following conditions have been met:
 - a. The Hospital Supervisor and consultants have been able to adequately assess the Trainee
 - b. The minimum logbook numbers and primary operator rate has been achieved
 - c. The minimum number of EPAS and PBAs have been attempted

In this scenario a Trainee will still undertake an End of Term Assessment.

- 3.1.5 Trainees wishing to take more than six (6) weeks leave must submit a Trainee Request following the process documented in [Section 10](#).
- 3.1.6 Trainees who take leave of more than 6 weeks from training without the prior approval of, or notification to, AoNZCIGS will be considered as having abandoned their Training Post. Upon learning that the Trainee has left their employment, AoNZCIGS will provide ten (10) working days' notice to the Trainee, for attendance at a meeting to consider their continued participation in the GSET Programme. Should

the Trainee not respond, or not attend the meeting, the Trainee will be dismissed in accordance with RACS regulation: ***Dismissal from Surgical Training***.

3.1.7 Trainees on Probationary Training may not exceed four (4) weeks leave during the Probationary Term.

4. Interruption

4.1 Overview

4.1.1 An Interruption is a period of approved absence by a Trainee from the GSET Programme following commencement of training.

4.1.2 AoNZCIGS is not an employer and by granting Interruption does not compel a Trainee's employer to grant leave. Trainees are responsible for applying for appropriate leave from their employer.

4.1.3 Trainees may apply for the following types of Interruption (these are covered in more depth in [Sections 4.2 - 4.6](#)):

- a. Medical
- b. Parental
- c. Carer's
- d. Research
- e. Personal

4.1.4 With the exception of Interruption for medical, parental or carer's leave, Trainees may not apply for Interruption for the first rotation of training.

4.1.5 Requests for Interruption should be in multiples of six (6) months.

4.1.6 In order to minimise vacancies on the training programme and to not disadvantage other Trainees, Trainees may be required to take more Interruption than was originally applied for.

4.1.7 AoNZCIGS may set conditions the Trainee must meet prior to returning to active training following a period of Interruption. AoNZCIGS may also set conditions applicable to the Trainee's performance upon returning from a period of Interruption, including a Support Plan (refer [Section 18.2](#)). Trainees will be made aware when Interruption is approved that there may be conditions to meet upon their return. Any conditions will be discussed at an appropriate time depending on circumstances, either prior to, or early in the Trainee's first Term back in training.

4.1.8 All requests for Interruption must be made in accordance with RACS regulation: ***Trainee Registration and Variation***. AoNZCIGS is unable to grant exceptions to either these Regulations or the ***Trainee Registration and Variation Regulation***.

4.1.9 All requests for Interruption, or Extensions to Interruption should be made following the process documented in [Section 10](#).

4.1.10 Trainees may complete any outstanding SEAM modules whilst on Interruption, or elect to complete them before Mid Term of Term 2 of GSET2 as per [Section 13.4.11](#).

4.1.11 Trainees may request for an extension to approved Interruption, but should do so with as much notice as practicable.

4.1.12 Trainees should refer to [Section 11.2.6](#) regarding the impact of any Interruption on the maximum time period for completing training.

4.2 Medical Interruption

- 4.2.1 Trainees requesting Medical Interruption must provide appropriate documentation, including a medical certificate from their treating doctor, outlining the reasons for Medical Interruption.
- 4.2.2 Trainees returning from Medical Interruption are required to provide evidence from their treating clinician specifically that they are fit to recommence training.
- 4.2.3 Returning Trainees may be required to undertake a Support Plan.

4.3 Parental Interruption

- 4.3.1 Parental Interruption is defined as leave that is required when a child is born or adopted. Parental Interruption includes:
 - a. Maternity leave
 - b. Paternity or partner leave
 - c. Adoption leave

4.4 Carer's Interruption

- 4.4.1 Carer's Interruption is defined as leave required to care for or support a member of the Trainee's immediate family or household who is sick, injured or has an emergency.

4.5 Research Interruption

- 4.5.1 Requests for Research Interruption must follow the process documented in [Section 10](#). The request must include the following:
 - a. Letter of support from the intended supervisor
 - b. Synopsis of the research project
 - c. Proof of any offer to a higher degree
- 4.5.2 Where Research Interruption has been approved, but the research topic changes substantially from that approved, the Trainee must reapply to continue with the new topic **and** to continue on Research Interruption.
- 4.5.3 The minimum Research Interruption period approved will be one term (six months).
- 4.5.4 Research Interruption will **not** be approved unless the following criteria have been achieved:
 - a. Satisfactory completion of GSET1
 - b. Completion of ASSET and CCrISP[®]
 - c. Passes in at least four SEAM modules
 - d. Completion of the pro-rata number of Core EPAs and PBAs
- 4.5.5 Research Interruption will **not** be approved if the Trainee:
 - a. Is not performing At Performance Expectation level (as defined in [Section 12.3.1](#))
 - b. Is currently on Probationary Training
- 4.5.6 Approval for Research Interruption for Master's Degrees will only be approved where a substantial component of the degree is based on a thesis. Online or coursework-only higher education degrees are not acceptable.
- 4.5.7 Trainees approved for Research Interruption are required to submit a Research Progress Report in July and January for the duration of the period of Interruption. The Research Progress Report is available on the [NZAGS](#) website and must be uploaded to the Trainee's Research tab in SOLA.

- 4.5.8 Trainees who fail to submit Research Progress Reports, or who are deemed to have not progressed satisfactorily with their research may have their Research Interruption revoked and will be required to recommence training as soon as a suitable Training Post becomes available.
- 4.5.9 Trainees approved for Research Interruption may request an extension to that Interruption provided the Trainee has met the conditions of [Section 4.5.7](#) and they are deemed to be progressing satisfactorily with their research.
- 4.5.10 AoNZCIGS will not consider or approve accreditation of clinical rotations in lieu of research under any circumstances.

4.6 Personal Interruption

- 4.6.1 Personal Interruption is defined as leave which does not fit under categories covered in [Sections 4.2 – 4.5](#) inclusive.
- 4.6.2 AoNZCIGS will only consider requests for Personal Interruption in excess of 12 months in exceptional circumstances.
- 4.6.3 AoNZCIGS will not approve Personal Interruption when the Trainee is not performing At Performance Expectation (as defined in [Section 12.3.1](#)) at the time of the request. Approval will not be granted, or will be withdrawn if the Trainee's most recent term was rated at Below Performance Expectation (as defined in [Section 12.3.1](#)), or the Trainee is currently on Probationary Training.

5. Flexible Training

5.1 Overview

- 5.1.1 AoNZCIGS fully supports flexible training while recognizing the complexities in arranging appropriate Training Posts. AoNZCIGS is unable to guarantee that flexible Training Posts can be identified, but commits to making every effort to accommodate Trainee requests for flexible training.
- 5.1.2 Requests for flexible training must be made in accordance with RACS regulation: ***Trainee Registration and Variation***. AoNZCIGS is unable to grant exceptions to this Regulation.
- 5.1.3 Flexible training is a period of training undertaken on less than a full-time basis and covers the following types:
 - a. Part-time training in a Training Post with a commitment of at least 50% of a full-time Trainee
 - b. Split rotation training where the training commitment has been for a minimum of six months across two rotations
- 5.1.4 Trainees undertaking flexible training are permitted a maximum of five (5) days leave for training periods of 12 weeks or less, subject to approval by the employer. Trainees completing more than 13 weeks of continuous training will be entitled to leave on a pro-rata basis (i.e. five (5) days per completed 4 weeks). Leave in excess of this may result in the term being deemed as an Unaccredited Rotation and will not count towards the required number of rotations as outlined in [Section 20](#).
- 5.1.5 All requests for flexible training must follow the process documented in [Section 10](#).
- 5.1.6 Trainees undertaking flexible training will be required to complete competency assessments (EPAs and PBAs) on a pro-rata basis. The schedule for in-training assessments is covered in [Section 17](#).

5.2 Part-time Training

- 5.2.1 Requests for part-time training should have either:
- a. A commitment of at least 50% of a full-time Trainee **or**
 - b. A full-time commitment equivalent to 50% of a full-time Trainee in one rotation
- 5.2.2 Requests for part-time training should ideally be for twelve (12) months (or more) and for not less than six (6) months.
- 5.2.3 Trainees approved for part-time training will be required to complete the following for each part-time rotation:
- Mid Term Assessment at the end of the first three (3) months
 - End of Term Assessment at the end of six (6) months and submit their logbook
- 5.2.4 The rating received after six (6) months will be recorded as the Mid Term rotation outcome, the rating received after twelve (12) months will be recorded as End of Term rotation outcome.

5.3 Split Rotation Training

- 5.3.1 In the event that a Trainee is to interrupt their training outside a scheduled six-month rotation and therefore only partially complete a rotation, a Trainee may apply to have retrospective recognition of the training undertaken if the following conditions are met:
- a. The Interruption is for medical, parental or carer's leave
 - b. The Trainee has worked a minimum of three months prior to commencement of Interruption
 - c. The Trainee has worked full time, or part time equivalent of a minimum of eight (8) continuous weeks on a single surgical unit
 - d. A formal assessment is undertaken at the completion of each such period of training
 - e. The supervisor of each component worked must provide a letter of support
 - f. The assessments must be rated as At Performance Expectation (as defined in [Section 12.3.1](#))
 - g. The Trainee is not on Probationary Training, or a Support Plan in the year prior to, or the year of application
 - h. Leave taken does not exceed the criteria in [Section 5.1.4](#)
- 5.3.2 AoNZCIGS will review the request and determine if the time in training can be accredited towards one rotation on a case-by-case basis. This includes consideration of applications where just one of the conditions in [Section 5.3.1 a-h](#) is not met.

6. Extension to Clinical Training

- 6.1 Trainees may request for an extension of clinical training time during GSET1-4.
- 6.2 AoNZCIGS may require a Trainee to undertake extended training time based on performance.
- 6.3 Trainees approved for an extension to clinical training must complete the extra time approved, including all training requirements as outlined in [Section 20](#) and [Section 22](#) prior to Fellowship being approved.
- 6.4 Additional training time will not extend the maximum time period as outlined in [Section 11.2.6](#).

- 6.5 All Trainee requests for extension to clinical training must follow the process documented in [Section 10](#), and must include:
- a. Length of extension
 - b. Reason for extension
 - c. Area/s Trainee does not feel competent in
- 6.6 Allocation of a Trainee approved for extension to clinical training may be dependent on the availability of a suitable Training Post.

7. Overseas Training

- 7.1 Trainees may request approval to train overseas and have that time accredited towards their training. Requests will only be considered where the intended Training Post is accredited by the Australian Board in General Surgery.
- 7.2 Overseas training will **not** be approved if at the time of the request the Trainee:
- a. Is not performing At Performance Level (as defined in [Section 12.3.1](#))
 - b. Is currently on Probationary Training
- 7.3 Approval for overseas training will be withdrawn if either [Section 7.2a-b](#) apply to the Trainee's most recent term.
- 7.4 Requests for overseas training must follow the process documented in [Section 10](#). The request must include the following:
- a. Letter from intended supervisor confirming position and experience Trainee will gain, including operative exposure and numbers, and the assessments they will be expected to undertake
 - b. A Position Description
- 7.5 AoNZCIGS may approve the requested overseas training, but this does not imply that the training rotations will be accredited.
- 7.6 For AoNZCIGS to consider RPL for overseas training, the following will be required:
- logbook records
 - summative and formative in-training assessments
 - competency assessments (EPAs and PBAs)
- 7.7 If the rotation(s) is/are not accredited, the period overseas will be recorded as Personal Interruption.
- 7.8 Overseas training will be approved up to a maximum of two continuous terms.

8. Withdrawal from Training

- 8.1 Trainees wishing to withdraw are encouraged to discuss their intentions with their Hospital Supervisor, or AoNZTSC Chair, or the Trainee Representative prior to requesting withdrawal.
- 8.2 Trainees who want to leave the GSET Programme must submit a request to withdraw following the process documented in [Section 10](#).
- 8.3 Trainees must stipulate when they wish to conclude their training. Trainees are encouraged to complete their current term whenever possible.
- 8.4 Trainees who withdraw without sufficient notice may not be considered in good standing except in exceptional circumstances at the discretion of AoNZCIGS.
- 8.5 Trainees who resign from a position of employment in most circumstances must also withdraw from the GSET Programme. Trainees should not resign from their

employment without first discussing their intention with the Hospital Supervisor and/or Trainee Representative for support, advice and guidance.

- 8.6 Trainees who withdraw from training are encouraged to participate in an exit review with the AoNZTSC Chair.
- 8.7 The AoNZTSC Chair may make a recommendation to the AoNZCIGS to waive the requirement to withdraw in exceptional circumstances.

9. Deferral

- 9.1 Requests for deferral must be made in accordance with the *Aotearoa New Zealand General Surgery Selection Regulations* available on the [NZAGS](#) website. AoNZCIGS does not have the authority to approve requests that do not comply with the *Aotearoa New Zealand General Surgery Selection Regulations*.
- 9.2 Requests for deferral must be submitted at the time of the acceptance of the offer. Requests submitted after this time will only be considered in exceptional circumstances.
- 9.3 The standard deferral period will be 12 months (1 year). In exceptional circumstances AoNZCIGS may approve a variation to the standard period.
- 9.4 Any extension of deferral beyond 12 months will reduce the maximum time period of completion equal to the extra time granted.
- 9.5 Requests for deferral to complete rotations not accredited for General Surgery training by AoNZCIGS will be considered on merit.
- 9.6 RPL of clinical rotations completed during a period of deferral will not be approved.

10. Trainee Request Process

- 10.1 Trainees should discuss their Trainee Request Form with their Hospital Supervisor prior to sending to the NZAGS Training Manager.
- 10.2 All Trainee requests for variations to training covered in [Sections 4 – 9](#) should be via the Trainee Request Form provided on the [NZAGS](#) website.
- 10.3 Requests for the following year must be received by 1 July, with the exception of Interruption for parental, medical or carer's leave.
- 10.4 Requests must be received at least one (1) calendar week prior to the published date of the AoNZTSC meeting. Consideration of requests received after this date is at the discretion of the AoNZTSC Chair.
- 10.5 In managing the GSET training programme, the AoNZTSC will consider all trainee requests and where necessary, make recommendations to the AoNZCIGS in accordance with the AoNZCIGS Terms of Reference. The next scheduled AoNZCIGS meeting may be a few weeks after the AoNZTSC meeting.
- 10.6 Trainees will be notified of the outcome of their request within seven (7) working days of the AoNZTSC and/or AoNZCIGS meeting as appropriate.
- 10.7 Trainees must not take action or make arrangements prior to receiving written notification of the outcome of their request either from AoNZTSC, or from AoNZCIGS for requests where AoNZCIGS approval is required.
- 10.8 All Trainee Requests must be in reference to these Regulations and the applicable RACS Regulations or Policies.

11. GSET Programme Overview

11.1 Graduate Outcome

- 11.1.1 The objective of the GSET programme is to ensure that the graduating General Surgery Trainee has the competencies and skills required to undertake core General Surgery procedures, be able to participate independently in an on-call General Surgical roster and be competent across the RACS Competencies.
- 11.1.2 To achieve the graduate outcome above, Trainees must demonstrate the RACS competencies. These will be referred to as the competency domains.

11.2 GSET Programme Duration and Structure

- 11.2.1 The GSET Programme consists of two sequential phases:
- GSET years 1-3 is referred to as Core Training
 - GSET years 4-5 is referred to as Principal Training
- 11.2.2 GSET1 to GSET3, referred to as Core Training, focuses on foundation skills relating to General Surgery. The Trainee will assume more responsibility, skills and knowledge as they progress through the Core levels.
- 11.2.3 GSET4 to GSET5, referred to as Principal Training, is where the Trainees should be increasing their involvement in more complex cases and building on the responsibilities, skills and knowledge gained through Core levels.
- 11.2.4 Trainees will be required to satisfactorily complete prescribed minimum requirements to progress from Core to Principal training, to progress from GSET3 to GSET4.
- 11.2.5 The GSET Programme can be completed in five (5) years subject to satisfactory progression within the timeframes outlined in these Regulations.
- 11.2.6 The maximum time period for completion of the GSET Programme is the five (5) years of expected time on the training programme plus three (3) years, making a total of eight (8) years.

The following conditions apply to the calculation of this maximum duration:

- a. If Accelerated Learning ([Section 20.11](#)) is granted, the maximum time period is reduced by the period granted
- b. Approved medical, parental or carer's leave ([Sections 4.2- 4.4](#)) will not be included in the calculation for maximum period of training
- c. Suspension from training for a period of review ([Section 19.2.6](#), [Section 23.2.1](#), [Section 24.1.6](#)) will not be included in the calculation for the maximum period of training
- d. The maximum time period will be extended for up to two (2) years of approved Research Interruption. Requests for Research Interruption in excess of two (2) years may be approved but the maximum time period will not extend beyond the two (2) year limit
- e. Flexible/part-time training will extend the maximum time period by the equivalent clinical training period accredited ([Section 5](#))
- f. The following do not extend the maximum time period: Additional clinical training ([Section 6](#)), Extended Learning ([Section 20.6](#) and [Section 20.9](#)), and Interruption for personal reasons ([Section 4.6](#)), Unaccredited Rotations due to excessive leave ([Section 3.1.3](#)) and due to unsatisfactory performance

- g. If an extension to deferral is granted, the maximum time period is reduced by the same amount ([Section 9.4](#))

12. Clinical Training Posts and Terms

12.1 Overview

- 12.1.1 Accreditation of Training Posts is covered by the **AoNZCIGS Hospital Accreditation and Trainee Feedback Regulations** available on the [NZAGS](#) website, in accordance with RACS regulations.
- 12.1.2 Each accredited hospital has a designated Hospital Supervisor who is responsible for oversight of the General Surgery Trainees allocated to that hospital.
- 12.1.3 The training year comprises of two terms – Term 1 and Term 2. All training terms are six (6) months in duration.
- 12.1.4 Trainees will be placed in a single rotation per term. A Trainee may not undertake more than **two (2)** weeks on a night roster per six-month term.
- 12.1.5 Trainees are required to participate fully in the clinical activities of the post including on-call rosters, as determined by the accreditation.
- 12.1.6 The number of rotations to be satisfactorily completed is outlined in [Section 20](#).
- 12.1.7 Trainees may be required to undertake additional terms based on performance and level of competency, refer ([Section 20](#)).

12.2 Training Post Allocation

- 12.2.1 Trainees are allocated rotations nationally based on the following criteria: Training Post availability, Trainee preference, previous rotations completed, and training needs of the individual Trainee.
- 12.2.2 Trainees are required to fulfill any rotation allocated to them by the AoNZTSC. Trainees will not be permitted to change rotations unless prior approval has been granted.

12.3 Rotation Outcomes

- 12.3.1 Each rotation will be deemed one of the following:

Rating	Definition and outcomes
At Performance Expectation	The Trainee has made the minimum number of attempts at competencies and has an overall satisfactory rating in their End of Term Assessment – the term will be accredited
Below Performance Expectation	The Trainee has not attempted the minimum required competencies and/or has an unsatisfactory overall rating in their End of Term Assessment or has not submitted the completed End of Term Assessment within the permitted timeframe – the term will be recorded as an Unaccredited Rotation
Not accredited	The Trainee has taken excessive leave - the term will not count towards the required number of rotations unless the Trainee meets Section 3.1.4
Not Progressing	The Trainee has not achieved the required competencies by the End of Term 2 of GSET3 as per Section 20.5 , and will be required to complete Extended Learning
Competency not achieved	The Trainee has not achieved the required competencies by Mid Term of Term 2 GSET5 as per Section 20.8 , and will be required to complete Extended Learning

12.4 Programme Requirements and Structure

The diagram below outlines the overall requirements of the GSET Programme and timelines for completion. Please refer to [Section 20](#) for details of exact conditions and criteria.

Requirement	Description/quantity	Core			Principal	
		GSET1	GSET2	GSET3	GSET4	GSET5
Rotations	Satisfactory completion of two (2) six-month terms	√	√	√	√	√
EPAs	Minimum 5 attempts per rotation	√	√	√	√	√
PBAs	Minimum 3 attempts per rotation	√	√	√	√	√
Logbook report	Logbook submitted through SOLA at end of each six-month rotation	√	√	√	√	√
Logbook numbers	100 Majors minimum per rotation 1000 Majors minimum prior to fellowship	√	√	√	√	√
Logbook endoscopy	100 minimum prior to presentation for Fellowship Exam	√				
Logbook colonoscopy	50 minimum prior to presentation to Fellowship Exam	√				
Primary operator rate	Satisfactory primary operator rate	20%	30%	40%	50%	60%
SEAM	Minimum 2 modules passed per term	√	√			
Courses	ASSET	√				
	CCrISP®	√				
	EMST	√				
	Sedation Training	√				
	CLEAR				√	
	TIPS				√	
Research	Pre-approval	√				
Trainee Days/DSTC Course	Minimum 8 attendances	√	√	√	√	√
Fellowship Exam					Earliest sitting	

12.5 Failure to Complete Training Requirements

12.5.1 Trainees who have reached the last year of training time must document all of their outstanding requirements on their PDLP at the commencement of each of their final two training rotations.

12.5.2 Trainees who do not meet all the requirements outlined in [Section 12.4](#) within the time period specified in [Sections 11.2.5-6](#) will be considered time expired and will not be permitted to continue on the GSET Programme.

13. Education

13.1 Curriculum and Syllabus

Trainees are required to be familiar with the General Surgery curriculum and syllabus. Further details are available on the [NZAGS](#) website. AoNZCIGS is responsible for the development, maintenance and updating of the curriculum together with the Australian Board in General Surgery. The curriculum will be reviewed every three (3) years or as determined by the Bi-national Curriculum Advisory Committee.

13.2 National Training Activities

13.2.1 Trainees are expected to attend both Training Days held each year.

13.2.2 Trainees who attend the Definitive Surgical Trauma Care (DSTC) may count this course towards one (1) of the eight compulsory Trainee Days, upon proof of attendance.

13.2.3 Trainees must attend a minimum of eight (8) Training Days or seven (7) Trainee Days and complete the DSTC before approval for Fellowship will be granted.

13.3 Courses

13.3.1 The following RACS courses are a compulsory component of the GSET Programme and must be completed before the end of GSET3:

- a. Australian and New Zealand Surgical Skills Education and Training (ASSET)
- b. Care of the Critically Ill Surgical Patient (CCrISP[®])
- c. Early Management of Severe Trauma (EMST)

13.3.2 The following RACS courses are a compulsory component of the GSET Programme and must be completed before the end of GSET5:

- a. CLEAR
- b. Training in Professional Skills (TIPS)

13.3.3 The Sedation Training online course provided by Utah University found at <https://www.safesedationtraining.com> should ideally be completed by the Trainee prior to commencement of participating at endoscopic procedures and **must** be completed by the end of GSET3.

Trainees must provide documentary evidence of completion of this module. RPL for alternative sedation training courses will not be considered.

13.4 Surgical Education and Assessment Modules (SEAM)

13.4.1 SEAM consists of the following eight (8) modules:

- a. Acute Abdomen
- b. Anatomy
- c. Haematology
- d. Nutrition
- e. Operating Theatre
- f. Peri-operative Care
- g. Post-operative Care
- h. Trauma and Critical Care

13.4.2 Trainees may complete the modules in any order. Each module stands alone in terms of content and assessment.

13.4.3 Trainees are advised to undertake a minimum of two (2) modules per term.

13.4.4 Each module consists of the following:

- a. e-Learning content
- b. Formative assessment
- c. Summative assessment

13.4.5 Progress to the summative assessment can only be accessed once the formative assessment has been passed.

13.4.6 The summative assessment for each module consists of 20 multi-choice questions. Successful completion of each module is defined as achieving a minimum 80% pass.

13.4.7 Trainees will have a maximum of four (4) attempts at the summative assessment for each module.

13.4.8 Trainees will be “locked” out of a module for 48 hours if they do not pass the summative assessment. During this time, Trainees will be able to review the e-learning content but not attempt the summative assessment.

13.4.9 Following second or third unsuccessful attempts, the Trainee will receive a feedback report outlining the topics of the questions which were answered incorrectly. Specifics of the questions answered incorrectly will not be provided.

13.4.10 Following the third failed attempt of the summative assessment, Trainees must discuss their preparation and study plan with their Hospital Supervisor and submit this to the AoNZTSC Chair to approve a fourth and final attempt.

13.4.11 Trainees must satisfactorily complete all eight (8) modules by Mid Term in the second term of their second clinical year. Unsatisfactory or not assessable rotations do not extend the timeframe in which SEAM must be completed.

13.4.12 Interrupted Trainees will be given access to SEAM whilst not in an active Training Post, but the same timeframes for completion apply as indicated in [Section 13.4.11](#).

13.4.13 Dismissal from the GSET Programme will apply for any Trainee who:

- a. fails to pass the summative assessment of any SEAM module within four (4) attempts
- b. does not comply with [Section 13.4.11](#)

14. Research Requirement

14.1 Purpose of Research During Training

14.1.1 The purpose of the research requirement is for Trainee to gain competency in the following non-technical research skills:

- a. Interpretation of surgical research literature
- b. Application of research evidence to surgical practice
- c. Consideration and implementation of quality improvement

14.1.2 Trainees should be able to demonstrate the following capabilities through participation in the research requirement:

- a. Defining a useful research or quality improvement question
- b. Systematic collection of data
- c. Data analysis and interpretation
- d. Effective communication of outcomes
- e. Integration of research into practice

14.2 Criteria for Research Projects

14.2.1 The project must be undertaken part-time or full-time during GSET training.

14.2.2 Trainees may be involved from the start or at any point in a substantial project. Participation in large scale Trainee Collaboratives is supported and encouraged. Trainees will be required to demonstrate the scope of their participation.

14.2.3 Projects must comply with all the criteria covered in [Section 14.4.2](#).

14.3 Research Requirement Pre-approval

14.3.1 All Trainees must complete the mandatory RACS Research Requirement as per RACS policy: *Research during Surgical Education and Training*.

14.3.2 The mandatory Research Requirement must be certified as complete by the AoNZTSC prior to applying for Fellowship in General Surgery.

14.3.3 Trainees must have their research activity pre-approved with AoNZTSC by the end of GSET2. Approval using the Research Pre-Approval Research Request Form (refer [Section 10](#)) must be sought before commencing the research activity.

14.3.4 Trainees who do not comply with [Section 14.3.3](#) will not be permitted to progress to GSET3. Trainees will continue as a GSET2 until the requirement is met, or may be dismissed from the GSET Programme if other core requirements are also not met (refer [Section 20.3.1](#)).

14.3.5 Trainees must demonstrate that they have commenced the approved research activity in order to be eligible to present for the Fellowship Examination.

14.3.6 Trainees must submit a new Research Pre-Approval Request if the approved project does not proceed as expected or changes substantially.

14.3.7 It is the responsibility of the Trainee to provide documentation verifying completion of the Research Requirement and approved research project. This includes outlining the extent of involvement in the research activity, presentation and/or publication. Refer [Section 14.5](#) for more detail.

14.4 Research Pre-approval Process

14.4.1 Trainees must submit an online request to the AoNZTSC for Pre-approval of the research at least 10 days prior to the AoNZTSC meeting to provide adequate time for the Research Subcommittee to consider the application (refer [Section 10](#)).

- 14.4.2 The following criteria must be met for a research project to be considered for approval by AoNZTSC:
- a. The topic is relevant and related to the discipline of General Surgery (demonstrating this will be the responsibility of the Trainee)
 - b. Not be a case report
 - c. Must be undertaken during GSET Training
 - d. There is an identified project supervisor
 - e. Estimated duration of project is specified and appropriate
 - f. Project design is appropriate
- 14.4.3 Requests for pre-approval must be via the appropriate form and submitted via the Trainee Request section of SOLA and ideally should be typed. The submission **must** include the following information:
- a. Project title
 - b. Names of Supervisor(s) and their letter(s) of support
 - c. Research aims and methods
 - d. Location of intended research
 - e. Relevance of research project to General Surgery
 - f. Importance of research and/or possible translation into clinical practice
 - g. Expected scope of Trainee involvement **provided** by supervisor(s) (essential for collaborative work)
- 14.4.4 The AoNZTSC will determine the appropriateness of the research at the next scheduled meeting.
- 14.5 Research Requirement Sign-off Process**
- 14.5.1 In order to fulfill the Research Requirement, the following must be met:
- a. Satisfactory research/quality improvement project participation and/or publication or presentation
- or**
- b. Satisfactory completion of research towards a higher degree within three (3) years of commencing GSET, which includes publication and/or presentation (refer [Section 15.5](#) for more detail).
- 14.5.2 Once completed, Trainees must request formal approval of their Research Requirement via an online Trainee request (refer [Section 10](#)).
- 14.5.3 At time of request for sign off, Trainees must provide documentation verifying their involvement including a letter from the project supervisor and proof of publication/presentation.
- 15. Recognition of Prior Learning**
- 15.1 Overview**
- 15.1.1 Recognition of Prior Learning (RPL) involves the evaluation of prior experience comparable to components of the GSET Programme.
- 15.1.2 Requests for RPL can only be considered once a Trainee has commenced on the GSET Programme.
- 15.1.3 RPL will only be considered for the following requirements:
- a. RACS Skills Courses
 - b. SEAM Summative Assessment
 - c. Endoscopy and Colonoscopy numbers

d. Research Requirement

15.1.4 There is no automatic entitlement to RPL for [Section 15.1.3a](#) and [Section 15.1.3c](#). Trainees must submit documentation for the components they wish to be exempt via a Trainee Request (refer [Section 10](#)).

15.1.5 RPL for requirements covered by [Section 15.1.3 b](#) and [c](#) only apply to former Trainees of a General Surgery Training Programme who were previously dismissed or withdrew and have subsequently regained entry (see [Sections 15.3](#) and [15.4](#))

15.2 RPL for Skills Courses

15.2.1 The RACS publishes a list of courses considered equivalent to the following:

- a. ASSET
- b. EMST
- c. CCrISP®
- d. CLEAR

15.2.2 RPL for the courses listed in [Section 15.2.1](#) will be considered when supported by a completion certificate displaying the Trainee name and successful completion date.

15.2.3 Where the skills course listed in [15.2.1](#) requires recertification, RPL will only be approved where the submitted certificate is current.

15.2.4 Applications for RPL for other skills courses required as part of the GSET Programme may be considered via a Trainee Request (refer [Section 10](#)) where the application is supported by a completion certificate displaying the Trainee name and successful completion date, and any other supporting documentation demonstrating equivalence such as course syllabus and assessment methodology.

15.2.5 RPL for the completion of Sedation Training Courses other than that provided by Utah University will not be considered.

15.3 RPL for SEAM Summative Assessment

15.3.1 Former Trainees of the General Surgery Training Programme who have returned to training will automatically be awarded for the modules where the Summative Assessment was satisfactorily completed in accordance with [Section 13.4.6](#) and within the five (5) years prior to recommencing training.

15.4 RPL for Endoscopy and Colonoscopy Numbers

15.4.1 Former Trainees of the General Surgery Training Programme who have returned to training can apply to have RPL for endoscopy and colonoscopy numbers completed during previous training in an accredited Training Post and these numbers are supported by records held in SOLA.

15.5 RPL for Research Requirement

15.5.1 Applications for RPL for the Research Requirement the following must all apply:

The research is: -

- a. Part of a research doctoral degree (e.g. PhD, MD) **or** Master's degree with substantive research component, **and**
- b. Completed within three (3) years of entry on to the GSET Programme, **and**
- c. Relevant to the discipline of General Surgery

15.5.2 It is the responsibility of the Trainee to prove that:

- a. The subject is relevant to the discipline of General Surgery
- b. The extent of the research component of the higher degree

Trainees should also refer also to [Section 14.3](#) and [Section 10](#) before submitting an RPL request for the Research Requirement.

16. Clinical Training Requirements

16.1 GSET Levels

16.1.1 As per [Section 11.2](#) the GSET levels are defined as follows:

- a. GSET1-3 Core
- b. GSET4-5 Principal

16.1.2 All Trainees will commence at GSET1 without exception.

16.1.3 Each GSET level will be deemed as satisfactorily completed when two (2) rotations have been rated as At Performance Expectation (as defined in [Section 12.3.1](#)).

16.2 Operative Experience and Logbooks

16.2.1 Trainees are required to maintain accurate and completed logbooks in SOLA. Trainees are permitted to use the SOLA logbook to record procedures completed during Interruption but should note that the total numbers for Majors, Colonoscopies and Endoscopies will be adjusted to count only those completed during accredited training terms.

16.2.2 Trainees are expected to be involved in a minimum of **100** Major cases per six-month rotation. The **total** minimum operative experience to be gained before approval to present for the Fellowship Examination and for eligibility for awarding of Fellowship is outlined in [Section 20](#).

16.2.3 The minimum Primary Operator Rate required per each GSET level is as follows:

GSET Level	Minimum Primary Operator Rate
GSET1	20%
GSET2	30%
GSET3	40%
GSET4	50%
GSET5	60%

16.2.4 The primary operator is defined as the following in the SOLA logbook:

- a. Surgeon Mentor Scrubbed
- b. Surgeon Mentor in Theatre
- c. Surgeon Mentor Available

16.2.5 The Primary Operator Rate is defined as the number of Major procedures completed as a primary operator divided by the total number of Major procedures completed during a rotation. Major procedures have been designated as such by AoNZCIGS as of a certain complexity and/or time commitment.

- 16.2.6 Trainee logbook data will be reviewed at the Mid Term Assessment and evaluated as part of the End of Term Assessment.
- 16.2.7 Trainees must submit completed logbooks to their Hospital Supervisor for approval at the end of each rotation within two (2) weeks of the term ending. Non-compliance with this requirement may result in the term being rated as Below Performance Expectation (as defined in [Section 12.3.1](#)) and will not count as an accredited rotation.
- 16.2.8 The Hospital Supervisor may seek input from other members of the unit to verify the logbook.
- 16.2.9 Unsatisfactory performance relating to logbook data may result in non-accreditation of the term, refer [Section 20](#).
- 16.2.10 The operative experience should adequately cover the major areas of General Surgery Training as defined in the Curriculum, refer [Section 13.1](#).
- 16.2.11 The casemix evident from the logbook should reflect the availability of operative procedures during the Trainee's rotation in any given unit.

16.3 Endoscopy and Colonoscopy

- 16.3.1 The New Zealand Conjoint Committee for the Recognition of Training in Gastrointestinal Endoscopy (CCRTGE) sets the minimum training standards required prior to granting recognition of training in upper gastrointestinal endoscopy, colonoscopy and endoscopic retrograde cholangio-pancreatography (ERCP). AoNZCIGS recognises the role of CCRTGE in setting these standards and acknowledges the provision of formal recognition and certification of gastrointestinal endoscopic training.
- 16.3.2 It is recommended that all Trainees register with the New Zealand Conjoint Committee upon acceptance of a place on the GSET Programme.
- 16.3.3 Trainees should note that CCRTGE requirements may change from time to time. Trainees are advised to refer to: <https://nzsg.org.nz/training/endoscopy-training/> for more information.
- 16.3.4 Trainees are required to enter all endoscopy and colonoscopy records into SOLA. The fields required by CCRTGE are mandatory by default.
- 16.3.5 Trainees must complete **100** endoscopies and **50** colonoscopies prior to presenting for the Fellowship Examination. The following will be used to calculate the total number:
 - a. Endoscopies: Total completed unassisted
 - b. Colonoscopies: Total completed unassisted to caecum/ileum (excludes Flexible Sigmoidoscopies)

16.4 Assessment for Competency

- 16.4.1 AoNZCIGS has deemed that competency consists of behavioural markers that describe the performance of a Trainee who can be trusted to perform with minimum supervision unless the situation is complex.
- 16.4.2 AoNZCIGS will assess competency through the following:
 - a. Entrustable Professional Activities
 - b. Procedure Based Activities
 - c. Competency Domains of in-training Mid Term and End of Term Assessments

16.5 Entrustable Professional Activities (EPAs)

- 16.5.1 An EPA will be rated as one of the following:
- Entrustable** – defined as when a Trainee demonstrates they can be trusted to perform the activity at the required standard without more than distant supervision, and the Trainee can be trusted to appropriately seek assistance in a timely manner
 - Not Entrustable** – defined as when a Trainee is unable to perform the activity without close supervision and direction
- 16.5.2 Each individual EPA must be rated as Entrustable six (6) times for a Trainee to be deemed competent.
- 16.5.3 The following are Core EPAs and each must be completed as Entrustable a minimum of six (6) times through GSET1-3 as per [Section 20.5](#):
- Arranging and Completing Surgery for a Simple Case
 - Assessing a Simple New Elective Case in Outpatient Clinic
 - Delivering Results to a Patient
 - Discharge Planning for a Complex Patient
 - Leading a Team Ward Round
 - Managing Acute Admissions – Evening or Weekend Shift
 - Running a Student Teaching Session
 - Presenting at an MDM/X-Ray Meeting
 - Presenting at a Departmental Meeting
- 16.5.4 The following are Principal EPAs and each must be completed as Entrustable a minimum of six (6) times during GSET4-5 as per [Section 20.8.2](#):
- Arranging Acute Surgery for a Complex Condition
 - Cancer Staging in the Outpatient Clinic
 - Delivering News to a Patient – End of Life Prognostic Discussion
 - Communicating/Referring a Complex Patient Case
 - Operative Supervising of a Junior
 - Presenting a Complex Case at an MDM/X-Ray Meeting
- 16.5.5 Principal EPAs are intended for GSET4-5 Trainees, but may be completed during GSET1-3.
- 16.5.6 Each individual EPA, whether Core or Principal should be assessed as Entrustable across a minimum of two (2) rotations.
- 16.5.7 Each EPA type must be assessed as Entrustable by multiple assessors. The same EPA type cannot be assessed as Entrustable by the same assessor more than twice.
- 16.5.8 An assessor is defined as a consultant on an accredited General Surgery training unit.
- 16.5.9 An assessor may obtain feedback from other medical staff to inform the assessment.
- 16.5.10 An assessment is commenced by a Trainee who must complete an initial self-evaluation.

16.6 Procedure Based Activities (PBAs)

16.6.1 A PBA will be rated one of the following:

- a. **Able to Perform Independently** defined as the Trainee able to complete the procedure with minimal supervision and guidance, and is aware of when to request assistance
- b. **Not Able to Perform Independently** defined as the Trainee required close supervision and guidance, and/or was not aware of when to request assistance

16.6.2

The following PBAs are deemed Core and the minimum indicated below must be completed as Able to Perform Independently during GSET1-3 per [Section 20.5](#):

Core PBA	Minimum required
Anastomosis	6
Appendectomy	6
Examination under anaesthetic anus – incision & drainage of perianal abscess	3
Groin hernia	3
Opening & closing abdominal incision	6
Simple laparoscopic cholecystectomy	6
Small bowel resection	4
Stoma formation	3

16.6.3 The following PBAs are deemed Principal and the minimum indicated below must be completed as Able to Perform Independently during GSET4-5 as per [Section 20.8.2](#).

Principal PBA	Minimum required
Axillary node dissection	2
Colonoscopy	4
Hartmann's procedure/acute left colectomy	4
Laparotomy or adhesiolysis	4
Right hemicolectomy	4
Sigmoid colectomy/Anterior resection	2
Thyroidectomy	2
Upper GI endoscopy	4
Wide local excision/Mastectomy	2

16.6.4 Principal PBAs are intended for GSET4-5 Trainees, but may be completed in GSET1-3.

16.6.5 Each PBA, whether Core or Principal, should be assessed to a level of Able to Perform Independently across a minimum of two (2) rotations, with the exception of the Thyroidectomy PBA which may be assessed in one (1) rotation.

16.6.6 Each PBA, whether Core or Principal, must be assessed as Able to Perform Independently by a minimum of two (2) assessors.

16.6.7 An assessor is defined as a consultant on an accredited General Surgery training unit.

16.7 Personal Development and Learning Plan (PDLP)

16.7.1 Goal setting is an essential skill for Trainees to develop in order to be able to take responsibility for their own learning and progression on the GSET Programme. Trainees will be expected to commence and maintain a PDLP for the duration of their training.

16.7.2 The process for developing and maintaining a PDLP be undertaken as follows:

- a. At the commencement of a term Trainees will identify the EPAs, PBAs and other requirements of the GSET Programme they will focus on and complete during the term
- b. The Trainer will review the goals and approve or suggest changes
- c. The Trainee must upload the current PDLP onto SOLA within six (6) weeks of the commencement of the rotation
- d. At Mid Term the goals are reviewed by the Trainee and the Hospital Supervisor or delegate, and altered if required
- e. At the end of term, the goals are reviewed to assist with setting new goals (if applicable)

16.7.3 The purpose of setting and reviewing goals is to enable Trainees to direct their own learning. Goals are reviewed and evolve in line with each Trainee's needs. Trainees may not be able to achieve all their goals in one term but this does not influence the outcome of Mid or End of Term Assessment, unless the goal relates to completion of minimum GSET Programme requirements at time of assessment.

16.8 Portfolio of Training

16.8.1 Trainees will keep a portfolio of their training, much of which is stored on SOLA. Trainees are responsible for keeping documentation related to training not routinely available on SOLA. It is recommended that the latter is uploaded onto Documents in SOLA for completeness of records. The portfolio consists of:

- a. Surgical logbook experience
- b. Documentation relating to skills courses and research activities
- c. Documentation relating to any period of Probationary Training
- d. Formative and Summative Assessments
- e. PDLP and Support Plans

16.8.2 Hospital Supervisors are able to view much of the content of their Trainee portfolios in SOLA. Trainees may be asked to provide any training documents required by the Hospital Supervisor not available on SOLA.

16.8.3 The Chairs of the AoNZTSC and AoNZCIGS will review the portfolio when a Trainee requests approval to sit the Fellowship Exam, refer [Section 21](#), and when applying for Fellowship, refer [Section 22](#).

17. In Training Assessment

17.1 Overview

17.1.1 The GSET Programme undertakes formative and summative assessments.

- 17.1.2 **Formative assessments** aim to identify areas of good performance and areas requiring improvement to reach competence. Formative assessments provide opportunities for improving performance.
- 17.1.3 **Summative assessments** are aimed at indicating whether a Trainee has demonstrated expected performance in required competencies to permit accreditation of a period of training.
- 17.1.4 The GSET Programme mandates the use of the following assessments:

Type	Assessment
Formative	Mid Term Assessment
	EPAs
	PBAs
Summative	End of Term Assessment

The definition and usage of the above assessments is covered in [Sections 16.5, 16.6, 17.3](#) and [17.4](#).

- 17.1.5 Trainees may be required to complete the following formative assessments if stipulated on a Support Plan:
- Mini-CEX
 - DOPS
 - Multi Source Feedback

The definition and usage of the above assessments is covered in [Section 18.3-18.5](#).

- 17.1.6 The completion of EPAs and PBAs forms part of the End of Term Assessment rating as per [Section 17.4.4](#).

17.2 Conducting Assessments

- 17.2.1 The Mid Term and End of Term Assessments are conducted by the Hospital Supervisor or delegate, with input from other consultants on the unit as per [Section 17.2.3](#).
- 17.2.2 The Hospital Supervisor may seek input from other persons who had contact with the Trainee, e.g. nurses, allied health staff, administrative staff, to complete Mid Term or End of Term Assessments.
- 17.2.3 All consultants on a unit who have directly observed the Trainee performance, should contribute to Mid Term and End of Term Assessments. It is expected that this will happen at a face-to-face meeting to discuss the Trainee's performance and reach a consensus on the assessment of each competency domain. If a consensus cannot be reached, the Hospital Supervisor has the authority to confirm the rating.
- 17.2.4 If the Hospital Supervisor is due to be on leave at the time of a Mid Term or End of Term Assessment, the Trainee should make arrangements to complete these earlier.
- 17.2.5 If a Mid Term or End of Term Assessment is completed by someone other than the Hospital Supervisor, the latter is still required to make the final approval.
- 17.2.6 The Hospital Supervisor must meet with the Trainee to discuss the assessment. It is the joint responsibility of the Trainee and the Hospital Supervisor to ensure this meeting occurs.

17.2.7 Trainees are required to participate in the assessment process, failure to do so may result in an unaccredited rotation and may lead to Probationary Training the following term.

17.3 Mid Term Assessment Process and Ratings

17.3.1 A Mid Term Assessment will be undertaken at the end of the first three (3) months of a six-month term as per [Section 17.2](#).

17.3.2 The completed assessment must reflect the discussions held during the assessment meeting between the Hospital Supervisor and Trainee.

17.3.3 A Mid Term Assessment can be rated as following:

a. At Performance Expectation

b. Below Performance Expectation

17.3.4 A Mid Term Assessment rated at Below Performance Expectation is defined as:

a. One or more Below Performance Expectation ratings in any of the competency domains; and/or

b. Non-submission of completed assessment or any associated documentation by the Mid Term deadline

17.3.5 The Trainee must indicate if they agree or disagree with the assessment.

17.3.6 It is the responsibility of the Trainee to ensure the completed assessment is submitted within two (2) weeks of the Mid Term date.

17.3.7 The Hospital Supervisor will notify the NZAGS Training Manager and the Chair of the AoNZTSC if the rating is Below Performance Expectation.

17.3.8 If the overall performance is rated as Below Performance Expectation, an appropriate Support Plan will be implemented for the rest of the term as per [Section 18.2](#).

17.3.9 The Trainee's current PDLF Form must be available to the Hospital Supervisor within six (6) weeks of the commencement of the rotation.

17.4 End of Term Assessment Process and Ratings

17.4.1 Prior to the completion of each six-month term, an End of Term Assessment will be undertaken as per [Section 17.2](#).

This will involve:

a. Evaluation of operative logbook

b. Review of EPAs and PBAs

c. Assessment of performance against competency domains

17.4.2 The Trainee must ensure the following is complete and available:

a. Self-assessment pertaining to the goals set at the commencement of the term

b. Update the SOLA logbook with all procedures completed that term

c. Research progress (if Research Requirement not yet met)

d. SEAM progress, if applicable

e. PDLF

f. Support Plan, if applicable

17.4.3 An End of Term Assessment may be rated as one of the following (except where Trainees are not progressing – please refer [Sections 20.5.2](#) and [20.8.2](#)):

a. At Performance Expectation

b. Below Performance Expectation

- 17.4.4 An End of Term Assessment rated as Below Performance Expectation is defined as one of the following:
- One or more Below Performance Expectation rating of any competency domains; and/or
 - Unsatisfactory logbook rating; and/or
 - Non-submission of completed logbook, assessment or any associated documentation by the due date and/or
 - Non-completion of the required minimum number of EPAs and PBAs attempts as follows:

Level	GSET1		GSET2		GSET3		GSET4		GSET 5	
Term	1	2	1	2	1	2	1	2	1	2
Minimum number of EPA attempts	5	5	5	5	5	5	5	5	5	5
Minimum number of PBA attempts	3	3	3	3	3	3	3	3	3	3

- 17.4.5 The Hospital Supervisor must indicate the following:
- The rating for the term
 - Logbook rating
 - If a Support Plan is required
- 17.4.6 The completed assessment must reflect the discussions held during the assessment meeting.
- 17.4.7 The Trainee must indicate if they agree or disagree with the assessment.
- 17.4.8 The Trainee is responsible for ensuring that the completed assessment is submitted within two (2) weeks of the End of Term date. Non-compliance with this requirement may lead to the term being assessed as Below Performance Expectation and not accredited.
- 17.4.9 The AoNZTSC may request a review of any assessment, logbook or other documentation pertaining to performance in determining the final outcome of a term. AoNZTSC may revise the final outcome of the term, based on its review, and the Trainee will be advised in writing. The final outcome of the term may be one of the following:
- Meeting Performance Expectation: The term will be accredited towards the required number of rotations outlined in [Section 16.1.3](#), [Section 20](#) and [Section 21](#)
 - Below Performance Expectation: If AoNZTSC recommends that the term be rated as Below Performance Expectation a panel will be convened and the Trainee will be interviewed
 - Not accredited: If the term is deemed not accredited the following will apply:
 - The Trainee's term will not be accredited towards the required number of rotations as outlined in [Section 16.1.3](#), [Section 20](#) and [Section 21](#)
 - The Trainee's logbook numbers from that rotation may not be counted towards the numbers required in [Section 20](#) and [Section 21](#), determined by consideration by AoNZTSC
 - The Trainee's period of training will be extended by a minimum of six (6) months

18. Learning and Development Support Tools

18.1 Support for Continual Assessment and Learning

- 18.1.1 Regular formative feedback to the Trainee throughout each term by consultant members of the Unit is necessary to identify:
- a. Areas of good performance
 - b. Areas where Trainee is experiencing difficulty
 - c. Areas requiring development and improvement

This is in addition to Mid Term and End of Term Assessments and should happen continuously throughout the term in the context of the surgical teaching environment.

- 18.1.2 Trainees are encouraged to seek continual feedback and reflect on their own learning.

- 18.1.3 Where a Hospital Supervisor has been made aware by trainers or have themselves identified that a Trainee is experiencing difficulty that requires a Support Plan, a discussion with the Trainee should ensue. Ideally the Hospital Supervisor should involve the trainer/s at a Performance Review Meeting with the Trainee. The Meeting must cover and record the following:
- a. Details of performance and/or improvement
 - b. Response of the Trainee
 - c. Remedial action advised via goal setting or clinical activities in the form of a Support Plan
 - d. Consequences of any further concerns or unsatisfactory performance

- 18.1.4 Following the Performance Review Meeting, a summary of the meeting must be documented and provided to the Trainee with a Support Plan as covered in [Section 18.2](#).

- 18.1.5 The Trainee must upload the Support Plan onto SOLA.

18.2 Support Plan

- 18.2.1 A Support Plan documents areas where Trainees are experiencing difficulty and the remedial actions required to enable the Trainee to perform at the expected level of competency for their stage of training.

- 18.2.2 Trainees will be required to undertake a Support Plan in the following circumstances:
- a. Trainee receives a Below Performance Expectation at Mid Term, or End of Term Assessment.
 - b. Trainee receives an At Performance Expectation rating at Mid Term Assessment or End of Term Assessment but with the recommendation that they are placed on a Support Plan
 - c. A Trainee may request to undertake a Support Plan at any point in training

- 18.2.3 Trainees who receive a Below Performance Expectation rating at an End of Term Assessment will be required to undertake a Support Plan as part of Probationary Training outlined in [Section 19.1](#).

- 18.2.4 Trainees who are on Extended Learning for GSET3 or GSET5 will be required to undertake a Support Plan ([Sections 20.6.3 and 20.9.3](#)).

- 18.2.5 If a Trainee is recommended to undertake a Support Plan at Mid-term Assessment in accordance with [Section 18.2.2a-b](#), the process will be as follows:
- a. The Trainee will be informed by the NZAGS Training Manager that it has been recommended that they are placed on a Support Plan
 - b. The Trainee is advised that if they wish to meet to discuss the recommendation for a Support Plan, they must do so within five (5) days of being informed
 - c. A Support Plan will be drafted by the Hospital Supervisor, with input from other trainers on the unit if required, and input from the Trainee
 - d. Once the Hospital Supervisor approves the Support Plan, it will be sent to the Trainee for acceptance
 - e. The Trainee will be required to confirm acceptance of the Support Plan
 - f. If the Trainee does not confirm the acceptance of the Support Plan, the rotation may be deemed not assessable upon review by AoNZTSC
- 18.2.6 Trainees on a Support Plan are not permitted to change from their current or next allocated Training Post, or commence Interruption to undertake full-time research.
- 18.2.7 Trainees who are placed on a Support Plan under [Section 18.2.2b-c](#) are **not** considered to be on Probationary Training.
- 18.2.8 If a Trainee does not meet the requirements of the Support Plan put in place at Mid Term or earlier, then the End of Term Assessment may be rated as Below Performance Expectation and the Probationary Training process documented in [Section 19](#) will ensue.
- 18.2.9 The Trainee must regularly upload each updated Support Plan onto SOLA, until the end of the rotation to which it applies.
- 18.3 Mini-CEX (Mini Clinical Examination Exercise)**
- 18.3.1 Mini-CEX are formative assessments designed to assess competencies essential to the provision of good clinical care and can facilitate feedback to drive learning.
- 18.3.2 Mini-CEX assessments may be required by the Hospital Supervisor or trainer to inform a Mid Term or End of Term Assessment as part of a Support Plan.
- 18.3.3 Trainees assessed as “Borderline” more than once in an individual Mini-CEX, or “Below Expectation” overall, may be required to complete further Mini-CEX assessments to demonstrate progress.
- 18.4 DOPS (Direct Observation of Procedural Skills)**
- 18.4.1 Surgical DOPS are formative assessments designed to assess competencies in performing diagnostic and interventional procedures and can facilitate feedback to drive learning.
- 18.4.2 DOPS may be required by the Hospital Supervisor or trainer to inform a Mid Term or End of Term Assessment as part of a Support Plan.
- 18.4.3 Trainees are assessed as “Borderline” more than once in an individual DOPS, or “Below Expectation” overall, may be required to complete further DOPS assessments to demonstrate progress.

18.5 Multi-Source Feedback (MSF)

18.5.1 A Trainee may be required to participate in Multi-Source Feedback as part of a Support Plan.

18.5.2 The MSF may be used to measure non-technical skills such as communication, team work or leadership.

18.5.3 Where an MSF has been identified as an appropriate assessment tool, the following process will be followed:

- a. The Hospital Supervisor will determine the expected level of performance required on each area of the MSF
- b. The expected level of performance will be communicated to the Trainee in writing and included in the Support Plan
- c. The Hospital Supervisor will determine the timings of the MSF
- d. Trainee will be requested to nominate five (5) participants to complete the MSF, which must include one of each of the following:
 - Registrar or equivalent at similar level to Trainee
 - Senior Medical Officer who may be from disciplines other than General Surgery
 - Nurse
 - Non-medical administration staff
- e. The Hospital Supervisor will also nominate a minimum of five (5) participants to complete the MSF. The names of these participants will not be made known to the Trainee. The Hospital Supervisor must not be one of these participants
- f. The Trainee will complete the self-assessment part of the MSF
- g. The MSF will be distributed via a digital platform such as Survey Monkey according to the agreed timing with the NZAGS Training Manager
- h. A report with de-identified results will be provided to the Trainee and the Hospital Supervisor by the NZAGS Training Manager. This will form part of the Trainee's portfolio
- i. The report will be discussed during a performance Review meeting, or Mid Term or End of Term Assessment meeting as appropriate

19. Probationary Training

19.1 End of Term Assessment – Below Performance Expectation

19.1.1 A Below Performance Expectation rating of an End of Term Assessment results in automatic commencement of Probationary Training in the following term.

19.1.2 A formal Performance Review and Counselling Meeting will be convened as soon as possible with the Trainee, Chair of AoNZTSC (or delegate), the Hospital Supervisor. If the Hospital Supervisor is not the current trainer, it may be appropriate for the current trainer/s to attend. The Trainee may invite a support person who is not a practicing lawyer. The proceedings of the interview are to be duly documented. The meeting will address the following:

- a. Details of performance
- b. Response of the Trainee
- c. Remedial action advised via a Support Plan

- d. Frequency at which the plan must be submitted
 - e. Consequences of any further Below Performance Expectation assessments
- 19.1.3 The Trainee will be provided with a minimum of ten (10) working days' notice of the meeting and will be informed of the purpose of the meeting as per [Section 19.1.2](#).
- 19.1.4 The Trainee will be provided with the opportunity to make a formal written submission to the Panel. The submission must be received at least two (2) working days prior to the meeting.
- 19.1.5 The Trainee and the Panel will be provided with an agenda together with relevant documentation pertaining to the assessment, and the Trainee submission if received, prior to the meeting.
- 19.1.6 The Trainee and the Panel will be provided with the minutes of the meeting and the Support Plan. The Trainee will be asked to confirm that the minutes are an accurate reflection of the meeting. Any changes suggested by the Trainee will be considered by the Panel. No information not previously made available will be considered or included in the minutes.
- 19.1.7 Following the process covered in [Section 19.1.1-19.1.6](#) above, the following will ensue:
- a. AoNZTSC will review the recommendation of the Panel
 - b. AoNZCIGS will review the recommendation of the AoNZTSC. If agreed that the period of training was Below Performance Expectation, the Trainee will be advised of this in writing. The Trainee will be required to do Probationary Training for the rest of the Term
 - c. The Term will not count and the Trainee's period of training will be extended by six months. The Maximum time period will not be extended
- 19.2 Probationary Term**
- 19.2.1 A Probationary Term is one term of six months in duration. During Probationary Training the Trainee is required to participate in a Support Plan ([Section 18.2](#)). This plan will be tailored to address the areas of performance requiring improvement. The process allows a Trainee to implement strategies to improve performance, monitor progress and identify if the Trainee has achieved competency at the end of the Probationary Term.
- 19.2.2 Trainees on Probationary Training are not permitted to change the hospital unit they are allocated to for that Term, or undertake full time research.
- 19.2.3 Trainees must satisfactorily meet the requirements of Probationary Training to have the Probationary Term accredited. If the Probationary Term is assessed as Meeting Performance Expectation at the End of Term Assessment, the Probationary Training status will be removed and the Trainee will be able to proceed with GSET training.
- 19.2.4 The End of Term assessment in the Probationary Term may be conducted at any time within the final six (6) weeks of the term and must include the involvement of the Hospital Supervisor.
- 19.2.5 If the Trainee receives a second Below Performance Expectation rating for any subsequent End of Term Assessment as per [Section 17.4.3](#), and has satisfactorily met the requirements of a prior Probationary Term, the Trainee will commence a second six-month term of Probationary Training as outlined in [Section 19.1](#).

- 19.2.6 If a Trainee receives a rating of Below Performance Expectation for a third time, the Term will not be accredited and the Trainee will be placed on Suspension for a minimum period of six (6) months pending review (refer to [Section 23](#)). The period of suspension will not be counted towards the maximum time period permitted to complete all the requirements of the GSET Programme should the Trainee return to training following review. The Trainee's continuation on the GSET Programme will be reviewed in accordance with these Regulations and RACS regulation: ***Dismissal from Surgical Training.***

20. Programme and Progression Requirements

20.1 Requirements for GSET1

- 20.1.1 The requirements to complete GSET1 are:
- a. Completion of two (2) six-month terms at GSET 1 level with each rated as At Performance Expectation
 - b. Satisfactory completion of any Probationary Training
 - c. Satisfactory logbook data as defined in [Sections 16.2.2-16.2.3](#)
 - d. A minimum of 10 attempts of EPAs and 6 attempts of PBAs during the GSET1 training terms
- 20.1.2 Trainees are advised to complete at least four (4) SEAM modules.

20.2 Requirements for GSET2

- 20.2.1 The requirements to complete GSET2 are:
- a. Completion of two (2) six-month terms at GSET2 level with each rated as At Performance Expectation
 - b. Satisfactory completion of any Probationary Training
 - c. Satisfactory logbook data as defined in [Sections 16.2.2-16.2.3](#)
 - d. A minimum of 10 attempts of EPAs and 6 attempts of PBAs during the GSET2 training terms

20.3 Progression from GSET2 to GSET3

- 20.3.1 To progress from GSET2 to GSET3 the Trainee must have completed the following:
- a. Satisfactory completion of requirements for GSET1 and GSET2 ([Sections 20.1.1](#) and [20.2.1](#))
 - b. Satisfactory completion of SEAM as detailed in [Section 13.4](#)
 - c. Pre-approval for a research project from AoNZTSC
- 20.3.2 Failure to meet SEAM requirements will result in dismissal from the GSET Programme.

20.4 Requirements for GSET3

- 20.4.1 The requirements to complete GSET3 are:
- a. Completion of two (2) six-month terms with each rated as At Performance Expectation
 - b. Satisfactory completion of any Probationary Training
 - c. Satisfactory logbook data as defined in [Sections 16.2.2-16.2.3](#)

- d. The majority of the Endoscopy and Colonoscopy procedure requirement completed
- e. A minimum of 5 attempts at EPAs in the first term, all Core EPAs completed to the level of Entrustable by the end of the second term
- f. A minimum of 3 attempts at PBAs in the first term, all Core PBAs completed to the level of Able to Perform Independently by the end of the second term

20.5 Progression from GSET3 to GSET4

- 20.5.1 The requirements to complete GSET3 and progress to GSET4 are:
- a. Satisfactory completion of requirements for GSET1, GSET2 and GSET3 ([Sections 20.1.1](#), [20.2.1](#) and [20.4.1](#))
 - b. Satisfactory completion to the level of Entrustable for 54 Core EPAs as per [Section 16.5.3](#)
 - c. Satisfactory completion to the level of Able to Perform Independently for 37 Core PBAs as per [Section 16.6.2](#)
 - d. Satisfactory completion of any Probationary Training
 - e. Satisfactory completion of ASSET, CCrISP[®], EMST and Sedation Training ([Sections 13.3.1-13.3.3](#))

Trainees who meet all these requirements will progress to GSET4.

- 20.5.2 Trainees who fail to meet the requirements in [Section 20.5.1](#) will be deemed as **Not Progressing** and will be placed on GSET3 Extended Learning. The Trainee will be required to attend a Performance Review and Counselling Meeting as per [Section 20.10](#).

20.6 GSET3 Extended Learning

- 20.6.1 Extended learning is an opportunity for a Trainee who has not met all the requirements listed in [Section 20.5.1](#) at the end of GSET3, to complete those outstanding requirements.
- 20.6.2 The Trainee will be placed on GSET3 Extended Learning which comprises of at least one (1) and a maximum of two (2) extra terms which will be classified as GSET3.
- 20.6.3 Trainees on Extended Learning must complete a Support Plan (refer to [Section 18.2](#)).
- 20.6.4 After each term of GSET3 Extended learning is completed, the progress of the Trainee will be reviewed by the Hospital Supervisor.
- 20.6.5 When a Trainee achieves both of the following criteria, the Hospital Supervisor will recommend approval for progression to GSET4 from the AoNZTSC:
- a. all outstanding requirements listed in [Section 20.5.1](#) and
 - b. rated of At Performance Expectation at End of Term Assessment
- 20.6.6 Upon approval from AoNZTSC, the Trainee will advance to GSET4. This process will be followed at the end of either one (1) or two (2) terms of

GSET3 Extended Learning, dependent on the support needs of the individual Trainee.

20.6.7 At the conclusion of two (2) terms of GSET3 Extended Learning the Trainee must have achieved the following:

- a. completed all outstanding requirements as defined in [Section 20.5.1](#)

and

- b. ratings of At Performance Expectation in both End of Term Assessments

20.6.8 Where a Trainee has been assessed as not meeting the requirements of [Section 20.6.7](#), the review process documented in [Section 20.10](#) will apply, which may lead to dismissal from the GSET Programme in accordance with [Section 23](#).

20.7 Requirements for GSET4

20.7.1 The requirements to complete GSET4 are:

- a. Completion of two (2) six-month terms at GSET4 level with each rated as At Performance Expectation
- b. Satisfactory completion of any Probationary Training
- c. Satisfactory logbook data as defined in [Sections 16.2.2-16.2.3](#)
- d. A minimum of 10 attempts at Principal EPAs and 6 attempts at Principal PBAs during the GSET4 training terms

20.8 Requirements for GSET5

20.8.1 The requirements to complete GSET5 are:

- a. Completion of two (2) six-month terms with each rated as At Performance Expectation
- b. Satisfactory completion of any Probationary Training
- c. Satisfactory logbook data as defined in [Sections 16.2.2-16.2.3](#)
- d. A minimum of 5 attempts at Principal EPAs in the first term, all Principal EPAs completed to the level of Entrustable by end of second term
- e. A minimum of 3 attempts at Principal PBAs in the first term, all Principal PBAs completed to the level of Able to Perform Independently by end of second term

20.8.2 If by Mid Term of their second term as GSET5, the Trainee has not completed the 85% of the Principal EPAs and/or PBAs defined below, they will be deemed as Competency Not Achieved and will be placed on GSET5 Extended Learning:

- a. Minimum 31 Principal EPAs to the level of Entrustable
- b. Minimum 24 Principal PBAs to the level of Able to Perform Independently

20.8.3 If [Section 20.8.2](#) applies, the Trainee will be required to attend a Performance Review and Counselling Meeting as per [Section 20.10](#).

20.9 GSET5 Extended Learning

- 20.9.1 Extended Learning is an opportunity for a Trainee who has been deemed as Competency Not Achieved to satisfactorily complete all the requirements as per [Section 20.8](#). Extended learning is dependent on the support needs of the individual Trainee
- 20.9.2 The Trainee will be placed on GSET5 Extended Learning which comprises of at least one (1) and a maximum of two (2) extra terms which will be classified as GSET5.
- 20.9.3 Trainees on Extended Learning must complete a Support Plan (refer to [Section 18.2](#)).
- 20.9.4 The Trainee's progress will be reviewed by the Hospital Supervisor at the completion of each term of GSET5 Extended Learning.
- 20.9.5 The AoNZTSC will recommend progression when the Trainee has achieved the following:
- a. All outstanding requirements listed in [Section 20.8](#), and
 - b. Rated of At Performance Expectation at End of Term Assessment, and
 - c. Received written support from the Supervisor.
- 20.9.6 Upon approval from AoNZCIGS, the Trainee can advance to awarding of the Fellowship.
- 20.9.7 Where a Trainee has been assessed as not meeting the requirements of [Section 20.9.5](#), the review process documented in [Section 20.10](#) will apply, which may lead to dismissal from the GSET Programme in accordance with [Section 23](#).

20.10 Extended Learning Performance Review and Counselling Meeting

- 20.10.1 Trainees who have been deemed as Not Progressing ([Section 20.5.2](#)) or Competency Not Achieved ([Section 20.8.2](#)) will undertake a Performance Review and Counselling Meeting.
- 20.10.2 A formal Performance Review and Counselling Meeting will be convened as soon as possible with the Trainee, Chair of the AoNZTSC (or representative), and two members of the AoNZTSC. The Trainee may invite a support person who is not a practicing lawyer. The proceedings of the meeting are to be duly documented and will address the following:
- a. Details of performance
 - b. Response of the Trainee
 - c. Remedial action advised via a Support Plan
 - d. Frequency at which plan must be submitted
 - e. Consequences of not completing the requirements for the GSET level and receiving Below Performance Expectation assessments
- 20.10.3 The Trainee will be provided with a minimum of ten (10) working days' notice of the meeting and will be informed of the purpose of the meeting as per [Section 20.10.2](#).
- 20.10.4 The Trainee will be provided with the opportunity to make a formal written submission to the panel. The submission must be received at least two (2) working days prior to the meeting.

- 20.10.5 The Trainee and the Panel will be provided with an agenda together with relevant documentation pertaining to the assessment, and the Trainee submission if received, prior to the meeting to ensure all parties have appropriate documentation.
- 20.10.6 The Trainee and Panel will be provided with the minutes of the meeting and the Support Plan. The Trainee will be asked to confirm that the minutes are an accurate reflection of the meeting. Any changes suggested by the Trainee will be considered by the Panel. No information not previously made available will be considered or included in the minutes.

20.11 Accelerated Learning

- 20.11.1 Accelerated Learning is defined as a process by which a Trainee may be able to demonstrate competency at an enhanced rate.
- 20.11.2 A Trainee may be considered for Accelerated Learning when **all** of the following requirements have been met:
- a. No ratings of Below Performance Expectation in any training term completed to date
 - b. Completion of six (6) of the nine (9) Core EPAs to the level of Entrustable (54 in total)
 - c. Completion of the requisite minimum number of each Core PBA (37 in total) to the level of Able to Perform Independently
 - d. Completion to the level of Entrustable of 31 Principal EPAs
 - e. Completion to the level of Able to Perform Independently for 24 Principal PBAs
 - f. Completion of 850 Major operations
 - g. Completion of 50 Colonoscopies
 - h. Completion of 100 Endoscopies
 - i. Completion of Research Requirement
 - j. Completion of SEAM
- 20.11.3 A Trainee may apply for Accelerated Learning by submitting a request as per [Section 10](#) and must provide supporting letters from the Hospital Supervisor for **each** rotation completed.
- 20.11.4 The AoNZTSC or AoNZCIGS may defer a decision on an Accelerated Learning request for up to 12 months.
- 20.11.5 The maximum time a Trainee can accelerate their learning by is two (2) rotations (one year). All remaining requirements must be met prior to awarding of the Fellowship.
- 20.11.6 Applications for Accelerated Learning will not be accepted after allocations have been confirmed in their GSET4 training year. Trainees commencing GSET5 without prior approval for the Accelerated Learning will be required to complete the minimum of ten (10) training terms rated as At Performance Expectation. This is to ensure that Trainees meet their service obligations by completing the rotations they were allocated to as expected by their employer.

21. Fellowship Examination

21.1 Eligibility to Present

- 21.1.1 Trainees will be eligible to present for the Fellowship Examination after meeting all the following requirements:
- a. Completion of GSET1, GSET2 and GSET3
 - b. Completion of GSET3 Extended Learning if applicable
 - c. Satisfactory completion of any Probationary Training
 - d. Completion to the level of Able to Perform Independently of 25% Principal PBAs - **minimum of 7**
 - e. Completion of 700 Major operative cases in accredited and satisfactory terms
 - f. Fully paid dues and fees owed to RACS and NZAGS
 - g. Presentation of a satisfactory Portfolio of Training. This will be undertaken by the NZAGS Training Manager at the time of Exam Application review to be considered by the AoNZTSC Chair upon recommendation by the Hospital Supervisor
- 21.1.2 A Trainee may sit the Fellowship Examination when the following has been undertaken:
- a. Trainee has completed all eligibility requirements to sit the Fellowship Examination covered in [Section 21.1.1a-g](#)
 - b. Trainee submits the required application by the due date with required payment to the RACS
 - c. Trainee submits a letter of support from their current Hospital Supervisor. Trainees must submit a letter of support for every attempt. Trainees not in a SET Training Post should refer to [Section 21.2](#)
 - d. Trainees who have not completed their Research Requirement will need to confirm their current Research status
 - e. Any conditions that have been recommended by AoNZCIGS or AoNZTSC as per RACS policy: **Fellowship Examination Eligibility, Review and Feedback** have been satisfactorily completed
 - f. The AoNZCIGS Chair will formally approve as to whether the Trainee is supported to sit the Fellowship Examination
- 21.1.3 Trainees who receive a Below Performance Expectation rating for the End of Term Assessment in the term preceding the Fellowship Examination attempt will not be approved to sit the exam.
- 21.1.4 Trainees identified with Poor Performance or Safety Concerns in previous Fellowship Examination attempts may not be approved to sit the following Fellowship Examination. Trainees will only be approved for future Fellowship Examination sittings following satisfactory completion of the conditions listed in [Section 21.1.6](#) and [Section 21.1.2e](#) *are satisfactorily completed*
- 21.1.5 A Trainee who is unsuccessful in their first attempt at the Fellowship Examination will be given feedback via a report from the Court of

Examiners as per RACS regulation: *Fellowship Examination Eligibility, Review and Feedback.*

- 21.1.6 A Trainee who is unsuccessful for a second or subsequent attempt of the Fellowship Examination will be invited to a meeting with their Hospital Supervisor and the AoNZTSC Chair to provide feedback using the report provided by the Court of Examiners. Specific examination preparation activities will be documented during this meeting using the Exam Preparation Form. Trainees will be given conditional approval to present for a subsequent sitting of the Fellowship Examination upon the Trainee meeting all the recommendations documented on the Exam Preparation Form. AoNZCIGS may withhold or withdraw conditional approval if the Trainee fails to comply with the documented preparation activities.

21.2 Exam Pending Trainees

- 21.2.1 Trainees who have completed all training requirements including the required clinical rotations, but are yet to complete the Fellowship Examination are considered to be Exam Pending.
- 21.2.2 Exam Pending Trainees will be required to provide AoNZTSC with the following information at least one (1) month prior to the due date for the RACS Fellowship Examination Application as per [Section 21.1.2b](#):
- a. Description of examination preparation activities undertaken since completing clinical rotations on the GSET Programme
 - b. Evidence of steps taken to meet any recommendations from previous Exam Review meetings with the Hospital Supervisor/AoNZCIGS Chair (if applicable)
 - c. A signed Proforma letter provided by AoNZCIGS from their current Hospital Supervisor (or AoNZCIGS Chair if the Trainee is not at an accredited Training Unit/Hospital) indicating that the Trainee is adequately prepared to present for the Fellowship Examination
- 21.2.3 Where an Exam Pending Trainee has been unable to provide the required information, or AoNZTSC deems it necessary to seek clarification, further information may be asked of the Trainee or they may be invited for interview.
- 21.2.4 The above information is in addition to the RACS Fellowship Examination Application which must be completed as per the RACS Application Process outlined on the RACS [website](#).

22. Completion of GSET

22.1 Fellowship Requirements and Process

- 22.1.1 The Trainee must meet the following requirements before being awarded the full RACS Fellowship:
- a. Satisfactory completion of GSET1 to GSET5
 - b. Completion of all Core and Principal EPAs and PBAs
 - c. Satisfactory logbook statistics consisting of a minimum of 1000 Major operative cases over accredited and satisfactory terms, satisfactory operating rates and case mix

- d. Completion of 50 Colonoscopies and 100 Endoscopies
- e. Completion of CCrISP®
- f. Completion of ASSET
- g. Completion of EMST
- h. Completion of CLEAR
- i. Completion of TIPS
- j. Completion of Sedation Training
- k. Satisfactory completion of Research Requirement
- l. Satisfactory completion in the General Surgery Fellowship Examination
- m. Attendance at the minimum required number of NZAGS Trainee Days/DSTC
- n. Fully paid dues and fees owed to the RACS and NZAGS

22.1.2 The Trainee is responsible for completing the RACS Fellowship Application Form to commence the awarding process.

22.1.3 Trainees may be approved for Expedited Fellowship following submission of a Mid Term Assessment rated as At Expected Performance during their last clinical rotation. This will be the 10th clinical rotation for most Trainees, but will be sooner for Trainees on Accelerated Learning.

22.1.4 The Chair of AoNZTSC will confirm successful completion of all the GSET Programme with the AoNZCIGS Chair.

22.1.5 The AoNZCIGS Chair will recommend to the RACS awarding of the full Fellowship of the Royal Australasian College of Surgeons, in General Surgery.

23. Dismissal – Unsatisfactory Performance

23.1 Conditions for Dismissal

23.1.1 Trainees may be considered for dismissal if any of the following apply:

- a. Performance rated at Below Expected Performance during Probationary Training
- b. Performance rated at Below Expected performance for three (3) or more terms
- c. The Trainee has not completed the requirements for GSET1-3 by the end of GSET3 Extended Learning
- d. The Trainee has not completed the requirements for GSET4-5 by the end of GSET5 Extended Learning

Refer to [Section 12.3.1](#) for definitions of Performance ratings.

23.2 Review Process

23.2.1 Where any of the conditions of [Section 23.1.1a-d](#) apply, the following process will occur:

- a. The Trainee will be placed on suspension for a minimum period of one (1) term pending review by the AoNZTSC and AoNZCIGS
- b. The Trainee will be interviewed by a Panel

- 23.2.2 The Panel and interview will proceed as follows:
- a. The Panel will consist of a minimum of three (3) members of AoNZCIGS or AoNZTSC as appropriate
 - b. The Trainee will be provided with a minimum ten (10) working days' notice of the meeting and will be informed that the purpose of the meeting is to review:
 - Details of performance
 - Response of the Trainee
 - Continuation in the GSET Programme
 - Process following the interview
 - c. The Trainee may invite a support person who is not a practicing lawyer
 - d. The Trainee will be provided with the opportunity to make a formal written submission to the Panel. The submission must be received at least two (2) days prior to the meeting
 - e. The Trainee and Panel will be provided with an agenda together with relevant documentation pertaining to the unsatisfactory assessments and the Trainee submission, if received, to ensure all parties have appropriate documentation
 - f. The Trainee and the Panel will be provided with minutes of the meeting. The Trainee will be asked to confirm that the minutes are an accurate reflection of the meeting. Any changes suggested by the Trainee will be considered by the Panel. No new information will be considered at this time for inclusion in the minutes
 - g. Where a Trainee has been duly notified of the meeting as per [Section 23.2.2b](#) and declines or fails to attend, AoNZTSC will submit a recommendation to AoNZCIGS regarding dismissal
- 23.2.3 Where the AoNZTSC recommends dismissal to AoNZCIGS, all relevant documentation to support the decision must be submitted with the recommendation. AoNZCIGS must be satisfied that the recommendation can be substantiated and that the correct processes have been followed and adequately documented.
- 23.2.4 AoNZCIGS will make the final decision as to whether or not the Trainee should be dismissed. If dismissal is not recommended, AoNZCIGS can stipulate any additional Probationary Training and/or conditions the Trainee must meet upon resuming training. The period of suspension will not be counted in the maximum time period permitted to complete all the requirements of the GSET Programme.
- 23.2.5 The Trainee will be notified of the AoNZCIGS decision within five (5) working days of the meeting. The Trainee will be provided with a copy of all documentation relied upon during the dismissal process.
- 23.2.6 AoNZCIGS will inform the RACS Chair of the Board of Surgical Education and Training of the decision.

24. Misconduct

- 24.1.1 Conduct that is identified as misconduct is defined in, but not limited to Section 3.1 of the RACS regulation: **SET Misconduct**.
- 24.1.2 Incidents of alleged misconduct must be documented and verified as soon as possible. Once the Hospital Supervisor, Fellow or other person has identified the misconduct, it should be reported in writing to AoNZCIGS. The report must set out the particulars of the alleged misconduct.
- 24.1.3 The allegation should be put to the Trainee in writing, for an initial response, with sufficient detail including relevant facts, reasoning and documentation.
- 24.1.4 If any of the following apply, the process in [Section 24.1.6](#) and [Section 24.1.7](#) will be followed:
- a. The Trainee does not respond
 - b. The Trainee's response is viewed as inadequate by AoNZCIGS
- 24.1.5 When [Section 24.1.4](#) applies, the process will be as follows:
- a. The Trainee may be placed on suspension pending review by AoNZTSC and AoNZCIGS. The period of suspension will not be counted in the maximum time period to complete all the requirements of the GSET Programme should the Trainee return to GSET training following the review
 - b. The trainee will be interviewed by a Panel
- 24.1.6 If the Trainee's response is viewed by AoNZCIGS as adequate, or if there is no documented proof of the allegation, no further action will be taken.
- 24.1.7 The panel and interview will proceed as follows:
- a. The Panel will consist of a minimum of three (3) members of AoNZCIGS or AoNZTSC as appropriate
 - b. The Trainee will be provided with a minimum of ten (10) working days' notice of the meeting and will be informed that the purpose of the meeting is to review:
 - Details of the allegation
 - Response of the Trainee
 - Continuation on the GSET Programme
 - Process following the review
 - c. The Trainee may invite a support person who is not a practicing lawyer
 - d. The Trainee will be provided with an opportunity to make a formal written submission to the panel. The Trainee will be provided with the opportunity to be heard, produce evidence, and contact relevant persons to provide written submissions in relation to the allegations. The submission must be received at least two (2) days prior to the meeting
 - e. The Trainee and Panel will be provided with an agenda together with the Trainee submission, if received, to ensure all parties have appropriate documentation

- f. The Trainee and Panel will be provided with the minutes of the meeting. The Trainee will be asked to confirm that the minutes are an accurate reflection of the meeting. Any changes suggested by the Trainee can be attached to the minutes. No new information will be considered at this time for inclusion in the minutes
 - g. Where a Trainee has been duly notified of the meeting as per [Section 24.1.7b](#) and declines or fails to attend, the Panel will still convene to deliberate the allegation and make recommendations to the AoNZTSC, who will then submit a recommendation to AoNZCIGS regarding dismissal
- 24.1.8 The Panel may determine possible penalties for the misconduct. The Panel will make the final recommendation to AoNZTSC.
- 24.1.9 If dismissal is not recommended by the Panel, AoNZCIGS can stipulate the conditions or sanctions the Trainee will be required to abide by upon resuming training.
- 24.1.10 Where the Panel recommends dismissal to AoNZCIGS, all relevant documentation to support the decision must be submitted with the recommendation. AoNZCIGS must be satisfied that the recommendation can be substantiated and that the correct processes have been followed and adequately documented.
- 24.1.11 AoNZCIGS will make the final decision on whether or not the Trainee should be dismissed, regardless of the recommendation of the Panel.
- 24.1.12 The Trainee will be notified of the AoNZCIGS final decision within five (5) working days of the meeting. The Trainee will be provided with a copy of all the documentation relied upon during the misconduct process.
- 24.1.13 AoNZCIGS will inform the RACS Chair of the Board of Surgical Education and Training of the decision.

25. Reconsideration

- 25.1.1 This section sets out the process undertaken by the AoNZCIGS in line with the RACS regulation: **Reconsideration, Review and Appeal**.
- 25.1.2 The process provides for Reconsideration of the original decision under these regulations and the **Reconsideration, Review and Appeal** regulation.
- 25.1.3 The original decision maker under these regulations is the AoNZCIGS.
- 25.1.4 The AoNZCIGS will only consider decisions that are within Section 3.1 of the **Reconsideration, Review and Appeal** regulation.
- 25.1.5 A Trainee seeking a reconsideration of a decision must make a written application to AoNZCIGS@nzags.co.nz as per section 4.2 of the **Reconsideration, Review and Appeal** regulation. The application must:
- a. be in accordance with section 4.1 of the **Reconsideration, Review and Appeal** regulation
 - b. specify the decision to be reconsidered
 - c. Include grounds for reconsideration as per section 3.2 of the **Reconsideration, Review and Appeal** regulation

- d. Not be in relation to a decision previous subject to Reconsideration Review or appeal under these Regulations and the *Reconsideration, Review and Appeal* regulation
- 25.1.6 If the grounds include an allegation of discrimination, bullying or sexual harassment, the allegation will be reported to the RACS in accordance with its policies.
- 25.1.7 AoNZCIGS will assess whether the application meets the eligible criteria for Reconsideration as per clause 3.2 of *Reconsideration, Review and Appeal* regulation.
- 25.1.8 The AoNZCIGS will convene within twenty-eight (28) days to reconsider the original decision.
- 25.1.9 The outcome of the decision will be communicated in writing to the Trainee and the RACS RRA Officer. The reason for the decision will not be provided.
- 25.1.10 Where the original decision is upheld, the Trainee is advised to refer to the *Reconsideration, Review and Appeal* regulation.
- 25.1.11 Where [Section 25.1.10](#) applies, the Trainee may request a copy of the documentation relating to the reconsideration decision from the original decision maker. AoNZCIGS will provide this documentation within fourteen (14) days of receipt of the request.
- 25.1.12 The AoNZCIGS may stipulate conditions the Trainee will be required to adhere to if the decision is varied.

26. Surgical Education and Assessment (SEAM) – Standard Setting

26.1 Purpose and scope

- 26.1.1 This section provides the framework in which the assessment component of SEAM will be Standard Set.
- 26.1.2 The SEAM module topics, format and the completion requirements are covered in [Section 13.4](#).

26.2 Standard Setting Methodology and Process

- 26.2.1 Standard Setting of the assessment component of SEAM will utilise a modified Angoff Method.
- 26.2.2 A minimum of six (6) to a maximum of ten (10) subject matter experts (SMEs) will be selected to form a panel to review each module.
- 26.2.3 SMEs will be members of the following:
 - a. Australian Board in General Surgery
 - b. AoNZCIGS
 - c. Training Committee members from Australia or Aotearoa New Zealand
- 26.2.4 Each SME will review the questions and independently rate as easy, medium or hard.
- 26.2.5 The probability categorisation for correct answers is:
 - a. Easy - 90%
 - b. Medium - 80%
 - c. Hard - 70%

- 26.2.6 The SMEs will be provided with the performance statistics for each question and will have the ability to review their rating.
- 26.2.7 The ratings for each question will be averaged at the completion of the reviews.
- 26.2.8 The questions will be rated to the closest probability categorisation.

26.3 Review of Attempts

- 26.3.1 A Trainee's attempt will be reviewed if they have not successfully passed the assessment component of a module where the following applies:
 - a. A question is deemed not suitable and is retired from the question bank
 - b. A question is considered to be ambiguous to the extent that the Trainee would have been disadvantaged
- 26.3.2 When [Sections 26.3.1a](#) or [26.3.1b](#) applies to a Trainee, their score will be adjusted by one (1) mark for each instance.
- 26.3.3 If the adjustment increases the attempt score to 80%, the Trainee will be informed that they have passed the summative component of that module.
- 26.3.4 Each module will be standard set every two (2) years.

For any issues or questions regarding these Regulations, please contact [Helen Glasgow](#) or [Ray Collins](#) or call the NZAGS office on 04 384 3355.

Where these Regulations refer to RACS Regulations or Policies, please refer to [RACS Website](#).